United Nations E/ICEF/2002/P/L.1/Add.1

Economic and Social Council

Distr.: Limited
25 June 2002

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2002
16-20 September 2002
Item 3 of the provisional agenda*

Country programme recommendation**

Botswana

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2002 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Botswana, which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,100,000 from regular resources, subject to the availability of funds, and $7,900,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2007.

* E/ICEF/2002/11.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

02-44333 (E) 220702

Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	0.8
U5MR (per 1,000 live births)	101
IMR (per 1,000 live births)	74
Underweight (% moderate and severe)	13
Maternal mortality ratio (per 100,000 live births) (1991)	330
Literacy (% male/female)	74/80
Primary school attendance (% net, male/female)	83/85
Primary school children reaching grade 5 (%) (1997)	86
Use of improved drinking water sources (%)	95
Routine EPI vaccines financed by Government (%) (1999)	100
Adult HIV prevalence rate (%) (1999)	36
GNI per capita (US$)	3 300
One-year-olds fully immunized against:	
Tuberculosis	99 per cent
Diphtheria/pertussis/tetanus	94 per cent
Measles	83 per cent
Poliomyelitis	94 per cent
Pregnant women immunized against tetanus	72 per cent

The situation of children and women

1. The analysis of the situation of children and women remains essentially the same as described in the country note submitted to the Executive Board at its first regular session of 2002 (E/ICEF/2002/P/L.1). However, important changes have taken place in the policy environment since the submission of the country note, including the launching of the National Action Plan for Youth and of the Infant and Young Child Feeding Policy; the initiation of the 9th National Development Plan; the review of the National Policy on HIV/AIDS; the commencement of the National HIV/AIDS Medium-Term Plan III; and the finalization of the United Nations Development Assistance Framework (UNDAF). Together, these represent important and additional instruments towards a more enabling environment for children's and women's rights.

2. Despite this enhanced environment, the HIV/AIDS epidemic continues to take its toll on the most vulnerable. A major concern still revolves around the dichotomy between adolescents' high sexual knowledge (particularly on HIV/AIDS prevention and within the higher age cohort of 15 to 19 years of age) and detrimental and poorly informed practices. A recent UNICEF-sponsored study concluded that one reason behind this dichotomy might be the difference between possessing basic knowledge (which most adolescents have) and comprehensive knowledge (which most adolescents do not have) that helps develop a stronger appreciation and personalization of risk factors. Another important finding of this study was that only 50 per cent of the surveyed adolescents between the ages of 10 and 14 years were aware of HIV.

3. For the first time in over 20 years, the national 2002/03 budget forecasts a deficit of approximately 4.2 per cent of gross domestic product, while development expenditure is projected to increase by 38 per cent compared to the previous year budget. Both the projected deficit and increased expenditure result from the ongoing priority to fight HIV/AIDS, including the January 2002 launching of the high-cost, national anti-retroviral therapy programme. Recent studies sponsored by the United Nations Development Programme have suggested that, even in the most optimistic scenario of adequate investment in HIV prevention, the economy is likely to shrink by 31 per cent over the span of 25 years, and the already critical problem of the shortage of skilled workers will only be exacerbated.

Programme cooperation, 2000-2002

4. The 2000-2002 country programme of cooperation (E/ICEF/1999/P/L.17) is a bridging operation leading to harmonization with the upcoming 9th National Development Plan and the planning cycles of other resident United Nations agencies in Botswana. Initially, the programme focused on health, basic education, child protection and social mobilization until the Government's declaration of a national HIV/AIDS emergency resulted in the programme being entirely recast around the prevention and mitigation of the impact of HIV/AIDS on young children, pregnant women and adolescents.

5. Important achievements have been obtained in HIV/AIDS prevention and mitigation, child protection, infant and young child feeding, adolescent development and participation, early childhood development (ECD) and research, monitoring and evaluation. The country programme has played a lead role in assisting the Government to develop the first and so far only national prevention of mother-to-child transmission (PMTCT) programme in sub-Saharan Africa with nationwide coverage. All maternity wards are participating in this programme, and coverage is currently estimated at 26 per cent. Supportive actions have included the gradual integration of PMTCT into routine antenatal care services; the development of the infant and young child feeding policy and the Code of Marketing of Breast Milk Substitutes; the development of information/education/communication (IEC) materials in Setswana and English and related training in their use; the training of all midwives using the materials on PMTCT counselling, adapted in consultation with the United States Centers for Disease Control and Prevention; and the provision of technical assistance to strengthen district-level monitoring, capacity-building and data entry/analysis in PMTCT. Main challenges still remain in the areas of follow-up of mothers participating in PMTCT programmes; ensuring greater clarity in messages on infant and young child feeding; and increasing male partner and community-level support to HIV-positive women.

6. The lead role of the country programme in supporting national and community-based programmes for the care of orphans and vulnerable children has also generated important achievements, including assistance in strengthening the normative and legislative frameworks, particularly the preparation of the short-term plan of action and a rights-based review of the 1981 Children's Act; strengthening guidelines to assess community-based initiatives; undertaking a situation analysis of orphans to assess data collection mechanisms as well as existing institutional resources; and the establishment of and support to an orphan reflection group bringing together representatives of the Government, non-governmental

organizations (NGOs) and civil society to share information, best practices and lessons learned. Remaining challenges include the need for an overarching policy clearly defining the roles of partners and service providers; rapidly increasing service coverage; improving assessment, monitoring and registration functions; and building local community capacities.

7. The two entry points for support to adolescent development programmes were the development of adolescent-friendly reproductive health services and capacity-building. Two reproductive health centres were established in Gaborone and Palapye within the framework of a coordinated United Nations project modeling various approaches to this service. The services have provided access to HIV voluntary testing, essential information, and peer counselling and education services to more than 100,000 adolescents and youth. Individual adolescent skills and youth-based organizational capacities have been strengthened. Close to 700 peer counsellors have been trained in various aspects of service delivery; regional exchange and exposure trips to South Africa's LoveLife centres and to global and international conferences, including the United Nations Special Sessions on HIV/AIDS and Children, were supported; the Botswana National Youth Council was supported to conduct the first national consultative workshop for networking of young person's organizations; a national directory of adolescent and youth organizations was developed; and operational and service delivery standards and guidelines have been implemented. The main challenges in this area are the absence of a communication strategy that takes into account the entire context, including the full participation of adolescents, to achieve true sexual behaviour change and limited opportunities for non-reproductive health services.

8. Whereas important progress was achieved in the provision of basic education for remote area dwellers and pregnant secondary school students through capacity-building, infrastructure development and policy, these two particular interventions are being phased out. Equally important progress has been achieved in the overall advocacy to transform primary schools into child-friendly community resource centres on HIV/AIDS information and services. This strategy will be continued in the new country programme. During the period, 150,000 dual language HIV/AIDS fact booklets were produced and distributed to 750 primary schools.

9. The country programme's investments in research, monitoring and evaluation have opened opportunities for the institutionalization of a knowledge-based strategy. The multiple indicator cluster survey, advocacy for national adoption of the ChildInfo software for managing all children's indicators, support for the establishment of the Botswana Evaluation Network, and evaluation training and capacity-building have been important steps in this direction.

10. Torrential rains in 2000 that created the worst flood conditions in 30 years forced the country programme to respond rapidly, within a coordinated United Nations framework, to the needs of approximately 17,000 children out of the affected 107,000 persons. The country programme participated in rapid assessment missions and assisted affected families with the provision of water storage containers, impregnated bednets, portable latrines, water-testing kits and survival kits.

Lessons learned from past cooperation

11. The lessons learned remain essentially the same as described in the country note. Since then, however, and based on the implementation experience over the past two and one half years, three issues bear special noting. The first is that there is no direct relationship in Botswana between the strong level of economic development and the absorptive capacities for programme implementation within national and local institutions. This is significant given the need to rapidly expand service delivery on behalf of the growing population of vulnerable children. The second issue is that building a society that can respect, protect and fulfil the rights of children, appreciating the roles of duty bearers and holding them accountaole for the non-performance of their responsibilities is a slow, complex and long-term process. System-wide policy reforms, and building the capacities to implement and sustain them, cannot be achieved within short time-frames. The third issue is that programming for adolescents is not just about sexual and reproductive health. The current programming environment is dominated by a focus on sexual and reproductive health, with less attention to other entry points to work with adolescents that can guarantee a more holistic response.

Recommended programme cooperation, 2003-2007

	Estimated annual expenditure (in thousands of United States dollars)					
	2003	*2004*	*2005*	*2006*	*2007*	*Total*
Regular resources						
HIV/AIDS prevention and mitigation	120	120	120	120	120	600
Policy, legislation and social services	240	235	257	260	250	1 242
Mobilization for children's and women's rights	190	190	190	190	190	950
Cross-sectoral costs	70	75	53	50	60	308
Subtotal	**620**	**620**	**620**	**620**	**620**	**3 100**
Other resources						
HIV/AIDS prevention and mitigation	727	810	815	723	640	3 715
Policy, legislation and social services	500	600	500	500	500	2 600
Mobilization for children's and women's rights	150	300	300	250	190	1 190
Cross-sectoral costs	73	90	85	77	70	395
Subtotal	**1 450**	**1 800**	**1 700**	**1 550**	**1 400**	**7 900**
Total	**2 070**	**2 420**	**2 320**	**2 170**	**2 020**	**11 000**

Country programme preparation process

12. The Ministry of Finance and Development Planning is the focal institution for the country programme and, together with UNICEF, led a highly participatory process involving approximately 150 partners from social sector ministries, adolescent and youth organizations, civil society groups, academia, international development partners and United Nations agencies. National and local, as well as urban and rural, concerns were adequately represented. Each of the meetings held with partners was used to present and discuss the human rights approach to programming, as well as the organizational priorities of the UNICEF medium-term strategic plan (MTSP) for 2002-2005. Thematic working groups were formed to guide the individual programme formulation phase. Statutory environmental impact screenings demonstrated that all of the proposed projects met the required "environment-friendly" criteria. The proposed orientation of the programme was endorsed by the Joint Government of Botswana/UNICEF Steering Committee (composed of senior policy makers and programme managers). Key inputs that informed the process included the UNDAF, various child-centred national policy reviews and a vulnerability assessment that helped to identify adequate operational and programmatic responses to natural emergencies. Comments by Executive Board members on the Botswana country note were taken into account, particularly those regarding the need to strengthen the focus on children affected by the epidemic as well as on solidifying programme-level partnerships.

Country programme goals and objectives

13. The overall goal of the country programme is to strengthen national, community and family capacities, and to support the creation of a movement and multi-layered partnership with rights holders and duty bearers to respect, protect and fulfil the rights of children and women, with a specific focus on preventing and mitigating HIV/AIDS. In support of this goal, the country programme will promote three multisectoral objectives: (a) to support and strengthen individual, family/community and institutional capacities towards an accelerated response for PMTCT Plus, orphan care, and adolescent prevention, development and participation services; (b) to strengthen national and local capacities to review, develop, implement and sustain child-friendly and rights-based policies, legislative frameworks and basic social services, with a particular focus on ECD and girls' education; and (c) to enhance advocacy and mobilize and strengthen individual, community and national partnerships to effect substantive changes in the promotion and fulfilment of children's and women's rights through the interactive generation, dissemination and utilization of information from and to duty bearers and rights holders. The overall programme structure outlined in the country note remains unchanged.

Relation to national and international priorities

14. The proactive participation of key national partners in the programme formulation process has guaranteed ownership and consistency with national priorities. The country programme is driven by the country's "Vision 2016 — Towards Prosperity for All", which is essentially a framework outlining where

Botswana should stand 50 years after independence. The central focus of the country programme on mitigating the impact of the HIV/AIDS epidemic on children and women is consistent with the goal of Vision 2016 to produce an HIV-free generation by the end of the period. The strategic focus of the country programme on strengthening institutional and community response and absorptive capacities is in line with Vision 2016. Similarly, the 9th National Development Plan will promote the achievement of human rights by safeguarding investments in the social sector. UNICEF-supported programmes are aligned with the main thrusts of the plan. Poverty reduction is a central priority in all government plans and policies, which the country programme will support by advocating the principle that poverty reduction begins with children.

15. The entire strategic framework of the country programme as it relates to HIV/AIDS, ECD and adolescents has been informed by the following: the Revised National Policy on HIV/AIDS; the HIV/AIDS Medium-Term Plan; the National Early Childhood Education Policy; the National Youth Policy; and the National Action Plan for Youth. Through the signing of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, Botswana will review its policies and programmes accordingly, with the support of the country programme.

16. The country programme strategies and priorities on HIV/AIDS prevention and mitigation and child-centred policy development, advocacy and social mobilization will contribute to specific Common Country Assessment and UNDAF priorities of HIV/AIDS and poverty, as well as their cross-cutting issues of institutional capacity-building and human rights. At the international level, the country programme adequately promotes the Millennium Decade Goals on development and poverty eradication, human rights and protecting the vulnerable, and will assist the Government to incorporate them into policy and programme frameworks. The country programme has been critically influenced by the priorities of "A World Fit for Children" and guided by the organizational priorities of the UNICEF MTSP, especially those on HIV/AIDS and integrated ECD (with girls' education incorporated), and its cross-cutting concern on adolescent development. Once the Concluding Observations of the Committee on the Rights of the Child on Botswana's initial report are available, they will be used to refocus the country programme, as necessary.

Programme strategy

17. Although the programme strategy remains essentially unchanged since the country note, the most significant change is the reduction in the amount of other resources by $1,010,000 to reflect the limited absorptive capacities in the country and to respond to an evolving resource mobilization environment that focuses on regional support. The second important change is the introduction of an integrated strategic framework based on guiding principles, strategies and cross-cutting concerns. All of these layers are based on the principles of the Convention on the Rights of the Child, as well as the principles of accountability, universality and interdependence/indivisibility of rights. This strategic framework will guide partners to justify child-centred interventions, to define how programme objectives will be met, and to identify those cross-sectoral issues that will assist in obtaining the maximum return on rights-based investments. The guiding principles include a good

start for life; safe passage to adulthood; increased participation for children; and placing children on the agenda. The strategies are the application of the human rights-based approach to programming; improving the quality of and access to service delivery through capacity-building at various levels, including families and communities, and institutional strengthening; and promoting and developing an enabling policy and programme environment. The cross-cutting concerns are a proactive and integrated approach to HIV/AIDS; an integrated approach to parenting; quality assurance in research, monitoring and evaluation; advocacy, mobilization and participation; emergency preparedness and response; and mainstreaming gender issues. Special attention will be paid to strengthen the capacities of institutional and service providers to accelerate implementation, ensure sustainability and increase resource absorption.

18. **HIV/AIDS prevention and mitigation.** This programme, which has three components, addresses the challenges of high MTCT; limited coverage and impact of orphan care and support programmes; and insufficient services for improved adolescent reproductive and developmental health. Expected key result areas include: increased programme uptake; standardized national and district planning approaches; enhanced actions to promote infant and young child feeding; strengthened capacity at the district level for orphan care and support services; accelerated interventions for orphans; and increased availability of adolescent-friendly services.

19. The PMTCT Plus project aims to contribute to the reduction of MTCT from the prevailing 40 per cent to 20 per cent through quality care and support interventions for women, children and families affected by the epidemic. The project will support the rapid scaling up of the PMTCT programme through capacity-building of counsellors, midwives and other public health workers. Follow-up of HIV-positive mothers attending PMTCT sites will be improved. Support will be provided to the implementation of the national infant and young child feeding policy, including revisions of existing legislative frameworks, the development of plans of action and IEC.

20. The orphan care and support project will contribute to increasing access by orphans, other vulnerable children and caregivers to quality national and community services from the prevailing 40 per cent to 80 per cent. Existing mechanisms for accelerated review, monitoring and referral of individual orphan cases will be strengthened. Agreements will be developed with specific NGOs, and community- and faith-based organizations for the delivery of urgent assistance to orphans. UNICEF programming principles on orphans and vulnerable children contain core commitments for interventions, especially in the area of support to families and communities, and these will be incorporated into the programme. Networking for information sharing will be expanded to become more impact-oriented. Psychosocial support to orphans, families and communities will be "jumpstarted". This project will spearhead response to emerging child protection issues, particularly as they may relate to child abuse and exploitation.

21. Within the context of strengthening broad-based adolescent development and participation services, the adolescent empowerment and mobilization project will contribute to a 25 per cent reduction in HIV prevalence among adolescents aged 15 to 19 years and to sustaining the under-2 per cent prevalence among those aged 10 to 14 years. Support will first be oriented to ensure a significant change in the sexual

practices of adolescents. Work will be undertaken with the younger adolescent cohort to ensure adequate prevention and positive life skills for the next stage of adolescence. The programme will advocate for the inclusion of adolescents in all relevant stages of programme development. Adolescent-led initiatives will be supported to strengthen their participation rights and skills. Institutions will be encouraged to assess their focus on adolescent participation through, for example, adolescent-friendly mission statements.

22. Regular resources will be used for capacity-building of service providers, policy development, the preparation of standards and protocols, and "jumpstarting" pilot interventions. Other resources will be used for the required national expansion of basic services, including the provision of expert technical assistance, supplies, materials and equipment.

23. **Policy, legislation and social services**. This programme, which has three components, will address the problems of fragmented development and implementation of policies and laws for children; the absence of a national integrated ECD programme; the low coverage of early childhood services; and the difficulty experienced by primary schools to engage in HIV/AIDS and life skills education. Expected key result areas include: a noticeable increase in the number of rights-based policies and laws; strengthened capacities in social policy development and analysis; achieved substantive impact of policies on the well-being of children and women; rapid expansion in coverage and expansion of early childhood services; and reorientation of the primary education system in the face of the HIV/AIDS epidemic.

24. The policy analysis project will support the review, development and monitoring of policies, legislation and standards to ascertain their consistency with the principles of the Convention on the Rights of the Child and other rights. Capacities in social policy analysis will be strengthened through the design and promotion of training workshops. Relevant information will be disseminated on the latest trends and issues in social policy.

25. The integrated ECD project supports the development and implementation of policies and plans of action towards the strategic introduction of an integrated ECD programme. This intervention requires assessments of existing services to identify major gaps and opportunities. Following the establishment of the programme, protocols and standards will be developed. Capacities of service providers will be strengthened in operational and programmatic areas. The programme will also support sustained financial investments in the early childhood sector. Close linkages, using the preventive life cycle approach, will be established between this project and the adolescent prevention project in the HIV/AIDS prevention and mitigation programme.

26. The girls' education project will be closely tied to the second project and will support the development and implementation of policies, guidelines and plans of action to improve the quality and efficiency of primary education within the context of the Girls' Education Movement.

27. Regular resources will be used for the development of training and capacity-building modules and resources, carrying out policy and legislative reviews, and the design of new programme interventions. Other resources will assist in the expansion

of services, operational research, and the preparation of protocols and standards for programme implementation.

28. **Mobilization for children's and women's rights.** This programme, which has three components, addresses the challenges in ensuring broad-based behavioural change in relation to the promotion of children's and women's rights, inadequate and insufficient media coverage of children's issues, and insufficient involvement of communities in programme planning. Expected key result areas include: increased training of relevant stakeholders in human rights principles, especially on their application to programme development; increased availability of information on rights at national and local levels, and in relevant languages; a substantial increase in the number of media practitioners sensitized on human rights; improved guidelines for reporting on children and HIV/AIDS; and increased number of practitioners trained in programme communication for community capacity development.

29. The advocacy for children's and women's rights project will contribute to a national movement and partnerships based on an enhanced understanding by all rights holders and duty bearers of the priorities, complexities and opportunities afforded by the realization of children's and women's rights to national development. The media and HIV/AIDS project aims at substantially increasing the extent and quality of media coverage of HIV/AIDS issues, best practices and challenges at national, district and community levels, with a special focus on children's participation in media. The communication for community capacity development project supports the empowerment and strengthened capacities of families and communities to better understand children's and women's rights issues and to participate as substantive partners in the realization of rights.

30. Regular resources will be used for training and capacity-building of community and media practitioners, the preparation of information and advocacy materials, and operational research. Other resources will also be used for training and capacity-building as well as for the provision of expert technical assistance in programme development.

31. **Cross-sectoral costs.** These will assist in the achievement of overall operations management excellence, and the efficient and effective implementation of the country programme. Broad and supportive programme implementation costs will be incorporated at this level.

Monitoring and evaluation

32. The Integrated Monitoring and Evaluation Plan underscores four areas that collectively promote the MTSP focus on results-based management: (a) project monitoring; (b) child-centred social and economic data collection and analysis; (c) accountability-oriented research and evaluation; and (d) national capacity-building. The IMEP and annual project plans of action will highlight field visits, and the routine collection, management and analysis of outcome and impact indicators to monitor achievement of project objectives. Representative indicators to be further enhanced during the finalization of the IMEP include coverage of PMTCT services and reduction in transmission rates; expansion in registration of orphans and community-based services for vulnerable children; acceleration of holistic adolescent-friendly services and reduction in teenage HIV transmission rates; and

extent of modification of existing policies to more accurately incorporate key principles of the Convention on the Rights of the Child. Information on the situation of children and women will be obtained through routine surveillance systems and demographic/health surveys and, most importantly, by ensuring that these systems regularly collect child-centred data and use of ChildInfo as the central database on children's indicators. Regular updates of the situation assessment and analysis of children will focus on emerging issues challenging the fulfilment of children's rights. The focus of research and evaluation will be to improve the identification of lessons learned and best practices to enhance accountabilities in policy development and programme implementation. The quality of evaluations will be safeguarded through the application of the Programme Evaluation Standards throughout the evaluation process. National capacity-building in monitoring and evaluation has been identified as a priority and will be promoted through dedicated in-country workshops and sponsorship of relevant partners to external training events.

Collaboration with partners

33. The country programme will continue to collaborate at national and district levels with traditional partners, including the ministries of Health, Education, Local Government, Finance and Development Planning, and Labour and Home Affairs; the Central Statistical Office; and the Offices of the President and of the First Lady, with the view of influencing programme and policy design, identifying new ventures and placing children at the centre of social and economic agendas.

34. Many donor representatives left Botswana in the late 1990s on the assumption that Botswana's resources were sufficient to address social and economic development. Although the donor community in Botswana is small and, consequently, bilateral programmes are relatively small in scope, the country programme has historically enjoyed a good reputation and solid relationships with the bilateral and multilateral community. Major contributions have been generated from the Swedish International Development Authority; the Governments of the Netherlands, Norway and New Zealand; the United Kingdom Department for International Development; the United States Fund for UNICEF; and others. The programme will complement the significant efforts in HIV/AIDS currently spearheaded by the Government of the United States and the Centers for Disease Control and Prevention through the Botswana-United States cooperation framework (BOTUSA). Together with significant global set-asides from UNICEF headquarters, the country programme has been able to mobilize a substantial amount of resources during the current country programme. Efforts will continue to engage donors as true partners in programme development and evaluation, as well as in resource mobilization. This may entail future support to and participation in national sector-wide approaches to programming.

35. In collaboration with the United Nations system, UNICEF will participate in the HIV/AIDS country team to ensure the maximization of opportunities and synergies with other ongoing initiatives. In the area of adolescent development, UNICEF will work closely with the United Nations Population Fund and the World Health Organization (WHO) to complement the focus on sexual and reproductive health. While UNICEF retains a lead role in the PMTCT and orphan care areas, the global PMTCT Plus initiative is an opportunity for expanded collaboration with WHO. Throughout these collaborative frameworks, UNICEF will advocate for the

adequate application of child-centred approaches to the evolving partnerships. Close inter-agency collaboration was a strong point in the support provided to Botswana's country coordination mechanism during the preparation of the proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria. The country programme will locate all of its emergency preparedness and response interventions within the broad United Nations response framework.

36. Collaborative partnerships with NGO, faith- and community-based organizations, and the private sector will be strengthened to establish a wider network of effective child rights advocates and to build a stronger cadre of service providers for country programme interventions. These include Shining Starts, Botswana CHRISTIAN AIDS Intervention Programme, Population Services International, Tirisanyo Catholic Commission, the Coping Centre for People Living with AIDS and Debswana. Operations research will be promoted during the country programme to identify the ingredients that contribute to effective and sustainable partnership-building. Finally, partnerships with children, adolescents and parents will be increased in number and broadened in scope to accommodate emerging issues affecting children.

Programme management

37. The existing Government of Botswana/UNICEF Joint Steering Committee, chaired by the Ministry of Finance and Development Planning, will continue to be the central country programme management and coordination mechanism. The overall purpose of the Committee will be to monitor the progress of each individual project plan of action, the achievement of stated objectives and the application of strategies; to ensure the effective collaborative and partnership-building actions among all implementing parties; and to maintain a high level of financial accountability in the use and management of financial and other resources. Composition will include department heads of key sectoral ministries, directors of executive agencies, NGO heads, district managers, donor representatives, United Nations colleagues, adolescent representatives and, when possible, permanent secretaries. The work of this Committee will be complemented by individual programme management and coordination mechanisms. Annual planning and review meetings will also be conducted, together with a detailed mid-term review in 2005, with a special focus on identifying corrective actions and lessons learned for programmatic and operational enhancements.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BOTSWANA
PROGRAMME:2003-2007

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HIV AIDS PREVENTION/MITIGATION	600,000		600,000	0	0	0	0	0	0	0	1	1	2	0	378,630	378,630
POLICY,LEGISLATION/SOCIAL SERV	1,242,000		1,242,000	0	0	0	0	0	0	0	2	1	3	0	676,189	676,189
MOBILIZ.FOR CHILD/WOMAN RIGHTS	950,000		950,000	0	0	0	0	0	0	0	1	0	1	0	258,600	258,600
CROSS-SECTORAL COSTS	308,000		308,000	0	0	0	0	0	0	0	0	4	4	0	230,473	230,473
TOTAL RR	3,100,000		3,100,000	0	0	0	0	0	0	0	4	6	10	0	1,543,892	1,543,892
OTHER RESOURCES :																
HIV AIDS PREVENTION/MITIGATION		3,715,000	3,715,000	0	0	0	1	1	0	2	0	0	2	1,542,972	0	1,542,972
POLICY,LEGISLATION/SOCIAL SERV		2,600,000	2,600,000	0	0	0	0	0	0	0	1	0	1	0	258,600	258,600
MOBILIZ.FOR CHILD/WOMAN RIGHTS		1,190,000	1,190,000	0	0	0	1	0	0	1	0	0	1	899,031	0	899,031
CROSS-SECTORAL COSTS		395,000	395,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		7,900,000	7,900,000	0	0	0	2	1	0	3	1	0	4	2,442,003	258,600	2,700,603
TOTAL RR & OR	3,100,000	7,900,000	11,000,000	0	0	0	2	1	0	3	5	6	14	2,442,003	1,802,492	4,244,495
SUPPORT BUDGET	Operating costs		1,275,750													
	Staffing			0	0	1	1	1	0	3	1	6	10	2,457,688	1,001,063	3,458,751
GRAND TOTAL (RR + OR + SB)				0	0	1	3	2	0	6	6	12	24	4,899,691	2,803,555	7,703,246
	Number of posts and staff costs:															
	Current programme cycle									4	8	11	23			
	At the end of proposed programme cycle (indicative only)									6	6	12	24	4,899,691	2,803,555	7,703,246

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.